

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/807614

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1	1		1				51					
2		1		1			52					
3							53					
4		1		1			54					
5		4		1			55					
6		4		1			56					
7		8		1			57					
8	1		1				58					
9		1		1			59					
10		1		1			60					
11		1		1			61					
12		4		1			62					
13		4		1			63					
14		8		1			64					
15		0		1			65					
16							66					
17							67					
18							68					
19							69					
20							70					
21							71					
22							72					
23							73					
24							74					
25							75					
26							76					
27							77					
28							78					
29							79					
30							80					
31							81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	1		2				TOTAL IND.					
TOTAL DEP.		13		1			TOTAL DEP.					
TOTAL CLAIMS							TOTAL CLAIMS					